

MONTGOMERY COUNTY SHERIFF'S OFFICE

Darren M. Popkin, Sheriff



CONFIDENTIAL QUESTIONNAIRE

FOR

DEPUTY SHERIFF CANDIDATE

APPLICANT'S FULL NAME: _____

DATE COMPLETED: _____

This Confidential Questionnaire Booklet

MUST BE COMPLETED AND TURNED IN AT THE TEST.

YOU WILL NOT BE PROCESSED FURTHER IF YOU HAVE:

- LEFT QUESTIONS UNANSWERED
- NEGLECTED TO PROVIDE **COMPLETE** ADDRESSES, INCLUDING ZIP CODES
- FAILED TO SUBMIT THE ENCLOSED AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FORM, WHICH MUST BE **NOTARIZED**

Please Print Legibly or Type.

You Must Immediately Notify the Sheriff's Office, in Writing, of Any Changes to the Information You Provided in Your Confidential Questionnaire Booklet.

**MONTGOMERY COUNTY SHERIFF'S OFFICE
50 Maryland Avenue
Rockville, Maryland 20850**

Phone # 240-777-7079



OFFICE OF THE COUNTY SHERIFF
Montgomery County, Maryland
Darren M. Popkin, Sheriff
50 Maryland Ave.
Rockville, MD 20850
240-777-7079 (Recruiting)



REMINDER FOR APPLICANTS

IF YOU ARE ASKED TO APPEAR FOR AN ORAL INTERVIEW, YOU ARE REQUIRED TO BRING THE FOLLOWING DOCUMENTS WITH YOU, IF YOU HAVE NOT ALREADY PROVIDED THEM TO THIS OFFICE:

- **COPY OF BIRTH CERTIFICATE**
- **COPY OF HIGH SCHOOL DIPLOMA AND SEALED HIGH SCHOOL TRANSCRIPTS***
- **COPY OF COLLEGE DIPLOMA, IF APPLICABLE AND SEALED COLLEGE TRANSCRIPTS***
- **COPY OF DRIVER'S LICENSE**
- **COPY OF SOCIAL SECURITY CARD**
- **MILITARY FORM DD214, IF APPLICABLE**
- **NATURALIZATION CERTIFICATE, IF APPLICABLE**

*** REQUEST THAT YOUR OFFICIAL SEALED TRANSCRIPTS FROM YOUR HIGH SCHOOL AND, IF APPLICABLE, COLLEGE BE MAILED DIRECTLY TO THE SHERIFF'S OFFICE**

ATTENTION: Deputy C. Veiga

DEPUTY SHERIFF CANDIDATE
Office of the County Sheriff, Rockville, Maryland

MEDICAL REQUIREMENTS

Medical conditions are evaluated on a case by case basis to determine ability of qualified candidates to perform essential job tasks efficiently and safely with or without reasonable accommodation. In addition to an individualized assessment of suitability, during a medical evaluation selected candidates must demonstrate the following:

- Corrected visual acuity 20/20 each eye.
- Uncorrected visual acuity 20/40 each eye for wearers of glasses or hard contact lenses. Soft contact lens wearers are not subject to the uncorrected vision standard if successful long-term (6 months) daily use of soft contact lens corrects vision to 20/20 in each eye.
- Color vision adequate to perform essential job tasks as measured on a Farnsworth D-15 test with no more than one error.
- Pure tone hearing thresholds in the worst ear that exceed 25db without amplification require further evaluation.
- Exercising capacity of 9.9 METS (9.1 min.) as measured on an exercise treadmill utilizing BRUCE protocol with a target heart rate of 90% maximum heart rate adjusted for age.
- Grip strength - 80 lbs. or 50% of body weight each hand.
- Standing long jump - 73 inches.
- Pushups - 17 continuous pushups on palms and toes.
- Bent Knee Sit-ups - 34 in three minutes.
- Abdominal stretch 27 inches measured from chin to wall while bending backwards with hips strapped against wall.
- Lateral bending - 29 cycles/20 seconds.

SELECTION PROCESS

1. Applicants possessing the minimum qualifications as presented on the County application form are scheduled to participate in a written examination.
2. As a result of the written examination, applicants are rated "Well Qualified," "Qualified," or "Not Qualified" as appropriate.
3. Applicants rated "Well Qualified" must complete and submit the Confidential Questionnaire Booklet within the specified time.
4. Confidential Questionnaire Booklets are reviewed and selected applicants are scheduled to participate in a structured interview.
5. Based on the recommendations of the interview board background investigations are conducted on selected applicants.
6. Background investigations are reviewed and selected applicants are scheduled to participate in a voice stress analyzer and/or polygraph examination.
7. A final review is conducted on all collected material and examination results. A "tentative job offer" is made to selected applicants. These applicants are scheduled to participate in psychological and medical evaluations, and drug/alcohol screening.
8. A "final job offer" is made to those applicants who successfully pass the psychological and medical evaluations, and drug/alcohol screening.

The expected duration of the application process is approximately 6-12 months. Applicants may reapply *six months* from the date of the written examination. Job specific inquiries related to this position should be directed to the Office of the County Sheriff @ 240-777-7108 or visit our website @ **WWW.MCSHERIFF.COM**.

NOTE: It is the policy and practice of Montgomery County to select new employees and to promote current employees based on qualifications only, without regard to race, religion, color, national origin, sex, marital status, age, sexual orientation, or disability. Individuals with disabilities are encouraged to apply for announced positions. Accommodation is provided in recruitment, testing, and placement. For assistance, please call (240) 777-5000. TTY# (240) 777-5126 (Hearing and Speech Impaired).

IMPORTANT NOTICE TO APPLICANT

The recruitment process for Deputy Sheriff Candidate is an extremely competitive endeavor that results in the Sheriff's Office identifying only the most highly qualified applicants for consideration for employment. There are a large number of qualified applicants that you will be competing against for a limited number of position vacancies within this Office. Our citizens expect and demand that we employ only those individuals who possess impeccable personal background, judgment, maturity, integrity, and credibility.

The completion and submission of this confidential questionnaire is the first step in a thorough and lengthy employment process. **All questions in this document must be completed as thoroughly, completely, honestly, and candidly as possible.**

Before completing this document, carefully read the instructions. There are a number of official documents that you are required to obtain and submit. Several of these may be necessary to complete this questionnaire.

When listing individuals, provide their full name, title, and position. Include each individual's complete home and business address. We will **NOT** attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, ZIP codes, or area codes. It is your responsibility to provide complete and accurate information.

When completing the personal residence section of the questionnaire, you must provide every address where you have lived for the past ten (10) years. Begin with your current address and work backwards. Past addresses do include accommodations on a college or private school campus or the equivalent.

When completing the employment section of the questionnaire, you must provide the required information for every employer that you have worked for, starting with your current employer and work backwards to your first employer. If there is a period of unemployment, enter it in the space provided in the same sequence and manner as if this were another employer by indicating "to" and "from" and print **UNEMPLOYED** in the block marked "Name of Employer". If you were employed by more than one employer during the same time frame, list the primary employer first, and then list the secondary or part-time employer within the next section. If additional space is required to complete any of the questions, the answer should be continued on the reverse side of the appropriate page.

THE INFORMATION WHICH YOU PROVIDE TO THE SHERIFF'S OFFICE WILL BE CAREFULLY ANALYZED AND EVALUATED IN ORDER TO DETERMINE YOUR SUITABILITY FOR CONSIDERATION FOR EMPLOYMENT. ANY IDENTIFIED DISCREPANCY IN THE INFORMATION PROVIDED, OR THE OMISSION OF REQUESTED INFORMATION, WILL IN ALL PROBABILITY, RESULT IN YOUR REMOVAL FROM THIS AND FUTURE EMPLOYMENT PROCESSES.

MANY APPLICANTS ARE AUTOMATICALLY REMOVED FROM THIS PROCESS DUE TO THE OMISSION OF INFORMATION THAT ORDINARILY WOULD NOT HAVE EXCLUDED THEM FROM FURTHER CONSIDERATION. THE SHERIFF'S OFFICE WILL NOT CONSIDER INDIVIDUALS FOR EMPLOYMENT WHO ARE NOT HONEST AND FORTHRIGHT IN THE INFORMATION THEY PROVIDE. THE INFORMATION PROVIDED WILL BE VERIFIED DURING THE DECEPTION DETECTION EXAMINATION COMPONENT OF THE PROCESS AND YOU CAN BE ASSURED THAT ANY INFORMATION THAT YOU KNOWINGLY WITHHELD WILL BE IDENTIFIED.

No other document that you will complete during the application phase for Deputy Sheriff Candidate will be as important as this document. It is in your best interest to read thoroughly the entire questionnaire prior to completing the questionnaire. A properly completed document will enable us to more accurately evaluate your application. The Sheriff's Office will not process an incomplete questionnaire and you will be removed from the process.

ALL ANSWERS AND RESPONSES MUST BE TYPED OR HANDWRITTEN LEGIBLY BY THE APPLICANT AND MUST BE IN BLACK INK.

Be sure that you answer each question thoroughly, honestly, and completely. Many applicants are disqualified due to the omission of information and or the concealment of requested information, rather than because of previous behavioral factors. While indiscretions, experimentations or other judgmental situations in your life history may or may not be condoned, deception will absolutely not be tolerated. Do not withhold any information that is requested whether you think it is important or not. The Sheriff's Office will decide the importance of the information that you provide to us.

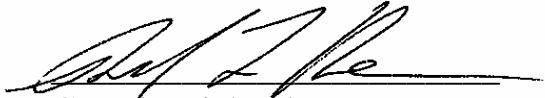
If you are selected to appear for the oral examination component, you must arrive on time. If you are late, you will be excluded from the process and disqualified for further consideration.

IMPORTANT

THIS CONFIDENTIAL QUESTIONNAIRE BOOKLET MUST BE COMPLETED IN ITS ENTIRETY.

IF YOU FAIL TO PROVIDE THE COMPLETED QUESTIONNAIRE REGARDLESS OF THE REASON, YOU WILL NOT BE SCHEDULED FOR THE ORAL INTERVIEW AND YOU WILL BE REMOVED FROM THE EMPLOYMENT PROCESS.

If you have any questions about the application process or need clarification regarding the questionnaire, you may call us at (240) 777-7108.

A handwritten signature in black ink, appearing to read "Richard L. Kane", written over a horizontal line.

Captain Richard L. Kane
Administrative Division



OFFICE OF THE COUNTY SHERIFF

Montgomery County, Maryland

Darren M. Popkin, Sheriff

50 Maryland Ave.

Rockville, MD 20850

240-777-7079 (Recruiting)



INFORMATIONAL CERTIFICATION

I certify that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at anytime during the course of the background investigation or anytime during the course of my employment with the Montgomery County, Maryland Sheriff's Office, it is discovered that I have made untruthful statements, falsified my employment application form, falsified my confidential questionnaire, and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Montgomery County, Maryland Sheriff's Office.

Signature of Applicant

Date



OFFICE OF THE COUNTY SHERIFF
Montgomery County, Maryland
Darren M. Popkin, Sheriff
50 Maryland Ave.
Rockville, MD 20850
240-777-7000



Authorization for Release of Personal Information

I, _____, authorize, request and direct the release, review and full disclosure to a duly authorized agent of the Montgomery County, Maryland, Sheriff's Office of any and all records, or any part thereof, concerning myself, whether the records are of a public, private, privileged or confidential nature.

This authorization is my consent for full and complete disclosure of the records of (1) educational institutions; (2) financial or credit institutions, including record of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings) ; (3) medical, psychological and psychiatric consultation, testing or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, Social Security Administration and military medical and psychiatric facilities; (4) public utility companies; (5) military records; (6) employment and pre-employment records, including background investigation reports, medical reports, and results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, and salary records; (7) records of any complaints, investigations or proceedings under the Maryland Law Enforcement Officers' Bill of Rights, or similar disciplinary or court martial proceedings; (8) real and personal property tax statements and records; (9) any financial statements and records of any nature whatsoever, and wherever filed; (10) records of complaint, arrest, trial or convictions for alleged or actual violations of law, including criminal or traffic records, including all such records whether (or not) so-called "adult" or "juvenile"; (11) and records of complaints of a civil or administrative nature made by or against me.

I fully consent, after a conditional offer of employment is made, to any medical, physical, psychiatric, psychological, or other testing, including urine and blood tests for controlled dangerous substances, to determine my suitability to be employed by the Montgomery County, Maryland, Sheriff's Office, prior to beginning employment and also during the entire course of my employment with the Montgomery County, Maryland, Sheriff's Office.

I fully consent to submit to a deception detection examination for the purpose of verification of information given by me or contained in my records, application or interview in connection with my application for employment with the Montgomery County, Maryland, Sheriff's Office. I hereby release and waive any and all rights which may be given to me by any State, County, or Municipality law to refuse or decline to undertake a polygraph or other deception detection examination.

The intent of this authorization is to provide full and free access to those records which will permit the development of a background and history of my personal and professional life. It is my specific intent to provide access to information, however personal, privileged or confidential it may be. The sources of information specifically enumerated above are not intended to limit, deny or prevent access to any other records not identified in this release.

I understand that any information obtained by a personal background investigation which is developed, directly or indirectly, in whole or in part, based upon this release will be considered in determining my suitability for employment, and shall become the sole property of the Montgomery County, Maryland, Sheriff's Office. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to release, indemnify and hold harmless the Montgomery County, Maryland Sheriff's Office, all persons to whom this authorization is presented and their employer, agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. I understand and agree that in the event my application is disapproved, an offer of employment is not made or I am not hired by the Montgomery County Sheriff's Office, the sources and content of the background investigative file cannot and will not be revealed or released to me or anyone on my behalf.

A photocopy, facsimile or fax copy of this authorization form will be valid as an original, for a period of one year from the date of my signature, even though the photocopy does not contain an original writing of my signature. **I have read this authorization and understand its content and effect. I have freely and voluntarily signed the authorization.**

Applicant's Signature

Date

Date of Birth

Social Security Number

State of _____, County of _____

Acknowledged before me this ____ day of _____, 200__

Notary Public

My Commission expires: _____

APPLICANT'S BIOGRAPHICAL DATA

Applicant's Name _____
Last First Middle (Maiden)

Current Address: _____
Street Apt#

County City State Zip Code

Home Phone: () _____ Work Phone: () _____

Cell Number #: () _____ E Mail Address(s): _____

Date of Birth (DOB): ____/____/____ Social Security Number: ____/____/____

Place of Birth: _____

U.S. Citizen: Yes [] No [] By Birth [] Naturalization [] (If naturalized, complete below)

City, State, Court: _____

Certificate number: _____ Petition number: _____

Date Issued: _____

Other Names Used (previous married name, nicknames etc.) - List names, dates used and reason for use: _____

U.S. Passport: Yes [] No [] Passport Number: _____

PHYSICAL DESCRIPTION OF APPLICANT

Race: _____ Sex: _____ Age: _____ Height: _____

Weight: _____ Eyes: _____ Hair: _____

Scars, Marks and Tattoos: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

MARITAL STATUS OF APPLICANT

Complete entire section

Married: [] Single: [] Separated: [] Divorced: [] Widowed/Widower: []

Spouse/fiancée/significant other/current dating partner:

Name: _____ Maiden name if applicable: _____ DOB: _____

Present address: _____

Street

Apt#

City _____ County _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ E Mail _____

Occupation: _____ Name of Employer: _____

Address: _____ Business phone: () _____

Date of Marriage: ____/____/____ Location: _____

Has your spouse/fiancée/significant other/current dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes [] No [] If yes, provide dates, reasons, agency and disposition. _____

Has your spouse/fiancée/significant other/current dating partner ever called the police on you for any reason? Yes [] No [] If yes, provide dates, reasons, agency and disposition. _____

DATA OF FORMER SPOUSE IF APPLICABLE

Name: _____

Maiden name if applicable: _____ DOB: _____

Present address: _____

Street

Apt#

City _____ County _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E Mail _____

Occupation: _____ Name of employer: _____

Address: _____

Street

Apt#

City _____ County _____ State _____ Zip Code _____

Date of Marriage: ____/____/____ Location: _____

Date of Divorce: ____/____/____ Location: _____

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

DATA OF FORMER SPOUSE (IF APPLICABLE)

Was your former spouse ever arrested, interviewed, detained, or convicted by any law enforcement agency? Yes [] No [] If yes, provide dates, reasons, agency and disposition on reverse.

Did your former spouse ever call the police on you for any reason? Yes [] No []

If yes, provide date(s), reason(s), agency and disposition. _____

LIST ALL CHILDREN AND DEPENDENTS OF APPLICANT

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

FAMILY OF APPLICANT

Provide complete addresses, zip codes, and phone numbers.

Father: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone : () _____ Work Phone: () _____ Criminal record? Yes [] No []

If yes, explain: _____

Mother: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone : () _____ Work Phone: () _____ Criminal record? Yes [] No []

If yes, explain: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

FAMILY OF APPLICANT

Sibling: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal record? Yes [] No []

If yes, explain: _____

Sibling: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal record? Yes [] No []

If yes, explain: _____

Sibling: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal record? Yes [] No []

Sibling: _____ DOB: ____/____/____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal record? Yes [] No []

If yes, explain: _____

If you were raised by anyone other than your parents, provide information concerning those who raised you:

_____ DOB: ____/____/____ Relationship _____
Last First Middle

Address: _____
Street Address Apt# City County State Zip

Home Phone: () _____ Work Phone: () _____ Criminal record? Yes [] No []

If yes, explain: _____

Dates you were under this person's charge: From ____/____/____ to ____/____/____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

CURRENT AND FORMER ADDRESSES

List complete addresses, including full college addresses, for the **past ten years**. (Listing current address first.)

1.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
2.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
3.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
4.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
5.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
6.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
7.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
8.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	
9.	_____	_____	_____	_____	_____	From: _____	To: _____
	Street	Apt(Dorm)	City	County	State	Zip	

Have the police ever been called to any home/residence in which you have ever resided? Yes [] No []
If yes, provide date(s), reason(s), agency and disposition. _____

EDUCATION

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

High Schools/Vocational Schools Attended

(List most recent attended first)

(1) Name: _____

Address: _____
Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____

(2) Name: _____

Address: _____
Street City County State Zip

Dates Attended: From ____/____/____ To ____/____/____

Approximate Grade Point Average: _____ Highest Grade Completed: _____

COLLEGES/UNIVERSITIES ATTENDED

Do you have a college/university degree? Yes [] No []

Type: Certificate [] AA [] BA [] BS [] MA [] MS [] Other []

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

Have you ever received a scholarship/grant? Yes [] No []

What is/was your major field of study? _____

What is/was your minor field of study? _____

If your major was not Criminal Justice/Law Enforcement, how many police related courses have you taken? _____

Do you currently have any outstanding debts with any college (deferred loans, tuition, grants, parking citations, lab costs, etc.)? Yes [] No [] If yes, provide amount of debt and reason:

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

Colleges or Universities Attended

(List most recent attended first)

(1) Name: _____

Address: _____

Street

City

County

State

Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

(2) Name: _____

Address: _____

Street

City

County

State

Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

(3) Name: _____

Address: _____

Street

City

County

State

Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

(4) Name: _____

Address: _____

Street

City

County

State

Zip

Dates Attended: From ____/____/____ To ____/____/____ Final G.P.A. _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

COLLEGE ATTENDANCE

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

Have you ever had a scholarship or grant suspended as a result of failing to meet requirements (i.e., not maintaining required GPA, etc.)? Yes [] No [] If yes, explain on reverse.

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes [] No [] If yes, explain _____

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes [] No [] If yes, explain. _____

FOREIGN LANGUAGE SKILLS

Are you able to communicate in any language other than English (including sign language)?

Yes [] No [] If yes, specify language and fluency level in the chart below. Provide the names of two (2) references who can verify your language skills.

You will be requested to participate in a language certification exercise that will verify your fluency level.

1. Name: _____

Address: _____

Phone: () _____ Relationship: _____

2. Name: _____

Address: _____

Phone: () _____ Relationship: _____

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	E	G	F	E	G	F	E	G	F	E	G	F
FLUENCY LEVELS: E=Excellent / G=Good / F=Fair												

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

APPLICANT'S FINANCIAL STATUS

Do you have a savings account? Yes [] No [] If yes, name the bank(s) and/or financial institution(s).

Approximate balance(s): _____

Do you have a checking account? Yes [] No [] If yes, name the bank(s) and/or financial institution(s). _____

Approximate balance(s): _____

Have you had any checks returned? Yes [] No [] If yes, list below:

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Applicant's monthly rent or house payment: _____

List all of your sources of income and amounts: _____

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc)?

Yes [] No [] If yes, give case number, court, location, reason for case, disposition. _____

Do you currently have any financial judgments against you? Yes [] No [] If yes, give case number, court location, reason for case, disposition. _____

Have you ever filed for or declared bankruptcy? Yes [] No [] If yes, give case number, court, location, reason for case, disposition. _____

Do you currently have any court ordered child support or alimony payment obligations?

Yes [] No [] If yes, provide all details, giving dates, amounts, recipient, etc. _____

Have you ever been delinquent in any child support or alimony payments? Yes [] No [] If yes, provide all details, giving dates, amounts, recipient, etc. _____

Do you presently hold any active or silent controlling interest in any company? Yes [] No [] If yes, provide all details. _____

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

APPLICANT'S CREDIT INFORMATION

List all current credit card/loan accounts in the spaces provided below. This includes student and college loans, as well as private/personal/family loans. You are advised as part of this agency's background investigation, a credit history report will be obtained on all applicants. Authority is provided in the signed release of information all applicants provide to this agency.

Company: _____

Account number: _____

Address: _____

Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____

Account number: _____

Address: _____

Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____

Account number: _____

Address: _____

Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____

Account number: _____

Address: _____

Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____

Account number: _____

Address: _____

Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____

Account number: _____

Address: _____

Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

Company: _____
Account number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____
Account Number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____
Account number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____
Account Number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____
Account number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____
Account Number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Company: _____
Account number: _____
Address: _____
Original amount of loan: \$ _____ Amount Outstanding: \$ _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION
*****Investigator Will Physically Inspect Your Driver's License*****

List all motor vehicles currently owned and/or operated by applicant.

Make: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Model: _____ Tag No: _____ State: _____

Automobile Insurance Company(s): _____ Agent: _____

Address: _____ Phone Number: () _____

Policy number(s): _____

Has your automobile insurance ever been canceled in this state or any other state for non-medical reasons? Yes [☐] No [☐] If yes, explain. _____

Have you ever been denied automobile insurance in this state or any other state for non-medical reasons? Yes [☐] No [☐] If yes, explain. _____

Provide the information requested below on all drivers licenses which are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). List current license first.

Number: _____ State: _____ Type: _____ Valid? Yes [☐] No [☐]

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [☐] No [☐]

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes [☐] No [☐]

Expiration: ____/____/____ Restrictions: _____

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? Yes [☐] No [☐] If yes, explain in detail supplying reason, dates, location, etc. _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason? Yes [] No [] If yes, explain in detail supplying reason, dates, location, disposition, etc.

Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? Yes [] No [] If yes, explain in detail supplying, date, location, arresting agency, disposition, etc. _____

Have you ever obtained a driver's license in this state or another state under another name? Yes [] No [] If yes, provide full name, address, issuing agency or state, date of issue.

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? Please indicate: _____

Have you ever received a "Warning Letter" from the Motor Vehicle Administration of this state or any state that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? Yes [] No [] If yes, explain in detail supplying reason, dates, agency, disposition, etc.

Do you currently have any outstanding parking tickets in this state or any other state that have not been paid? Yes [] No [] If yes, explain in detail supplying, dates, agency, number of tickets, etc.

Have you ever obtained or possessed a falsified or fictitious driver's license? Yes [] No [] If yes, explain in detail, to include reason for possession. _____

Have you ever had your driving record expunged? Yes [] No [] If yes, explain in detail, _____

Have you ever driven a vehicle, whether stopped by the police or not, while under the influence of drugs or alcohol? Yes [] No [] If yes, explain. _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

TRAFFIC RECORD

List all traffic violations/accidents in which you were charged or held at fault. If needed, use reverse side of this page for details. For violation, list as speeding, red light, etc. Location is the State the violation occurred in. (Include all written and/or verbal warnings.)

Violation: _____ Date: _____ Location of Violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of Violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of Violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes ☐ No ☐ Court Appearance: Yes ☐ No ☐
Court Finding: Guilty ☐ Not Guilty ☐ Driving School ☐ Probation ☐ Placed on Stet Docket ☐

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

TRAFFIC RECORD (continued)

List all traffic violations/accidents in which you were charged or held at fault. If needed, use reverse side of this page for details. For violation, list as speeding, red light, etc. Location is the State the violation occurred in. (Include all written and/or verbal warnings.)

Violation: _____ Date: _____ Location of Violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of Violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of Violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Violation: _____ Date: _____ Location of violation: _____
Issuing agency: _____ Paid Fine: Yes [] No [] Court Appearance: Yes [] No []
Court Finding: Guilty [] Not Guilty [] Driving School [] Probation [] Placed on Stet Docket []

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

MILITARY STATUS OF APPLICANT

Are you registered with the Selective Service System? Yes [] No []

Have you served in the Armed Forces of the U.S.? (includes Merchant Marines) Yes [] No []

If yes, Branch of service(s): _____ Service Number: _____

Dates of service: From: ____/____/____ To: ____/____/____ From: ____/____/____ To: ____/____/____

Type of discharge: (exclude medical reasons) _____

Job title and rank at time of separation: _____

Primary M.O.S./A.F.S.C.: _____ Secondary M.O.S./A.F.S.C.: _____

List duty stations beginning with basic training and dates of assignments (include supervisor's name and current phone numbers on reverse if additional space is required). _____

Do you have any current Military Reserve obligation: Yes [] No [] Active [] Inactive []

Date reserve obligation started and is scheduled to terminate: From: ____/____/____ To: ____/____/____

If you have a Reserve obligation, provide your reserve organization's name and address below.

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action (including Art. 15's) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes [] No [] If yes, describe in detail.

Were you ever reduced/demoted in rank? Yes [] No [] If yes, describe in detail. _____

Have you ever received company punishment? Yes [] No [] If yes, describe in detail. _____

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?

Yes [] No [] If yes, describe in detail. _____

Have you ever been denied/refused entrance to any of the U.S. Armed Forces? Yes [] No []

If yes, explain the basis for your denial (except for medical reasons): _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S EMPLOYMENT HISTORY

LIST ALL OF YOUR EMPLOYMENT HISTORY INCLUDING PART-TIME, BEGINNING WITH CURRENT EMPLOYER FIRST WORKING BACKWARDS, TO INCLUDE ALL PERIODS OF UNEMPLOYMENT, INTERNSHIPS, AND VOLUNTEER POSITIONS. ALL EMPLOYERS WILL BE CONTACTED.

Current Employer: _____
Address: _____ Phone: _____
Applicant's Supervisor _____ Title: _____ Email: _____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Reason for Leaving: (Exclude Medical Reasons) _____

CURRENT CO-WORKERS

List two (2) co-workers with whom you presently work, and are not listed elsewhere in this booklet.
(If you are currently unemployed, list two co-workers from your most recent place of employment.)

1. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____
2. Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Occupation: _____

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
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Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
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Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
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Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
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Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
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Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S PREVIOUS EMPLOYMENT HISTORY

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
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Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
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Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
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Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Employer: _____
Address: _____
Phone: _____ Applicant's Supervisor: _____ Title: _____
Volunteer [] Salaried [] Dates of Employment: From: ____/____/____ To: ____/____/____
Applicant's Position/Title: _____ Full time [] Part-time [] Internship []
Reason for Leaving: (Exclude Medical Reasons) _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S EMPLOYMENT HISTORY

If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged, terminated, or fired by any employer?

Yes [] No [] If yes explain. _____

Have you ever been disciplined (verbally or written) by any employer?

Yes [] No [] If yes explain. _____

Have you resigned (quit) while anticipating that your employer intended to discharge (fire) you for any reason? Yes [] No [] If yes, explain. _____

Have you ever resigned (quit) while anticipating that your employer intended to take any form of disciplinary action against you? Yes [] No [] If yes, explain. _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?

Yes [] No [] If yes, explain. _____

Have you ever walked off (left) a job without giving proper notice? Yes [] No [] If yes, provide full details. _____

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? Yes [] No [] If yes, explain. _____

Have you ever stolen anything from any of your employers? Yes [] No [] If yes, explain, supplying dates, items, values etc. _____

Have you ever used illegal drugs while working on any job? Yes [] No [] If yes, explain, supplying type of drug, how used, date, etc. _____

Have you ever committed any other crime(s) (EVEN ONE WHICH WENT UNDETECTED) while on any job you ever held? Yes [] No [] If yes, explain. _____

Have you had any extended work absences for reasons other than medical or earned vacations?

Yes [] No [] If yes, explain. _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S CRIMINAL HISTORY

Have you ever been (check all applicable boxes) by any police/law enforcement agency: Yes ☐ No ☐
Arrested ☐ Interviewed ☐ Interrogated ☐ Detained ☐ Indicted ☐ Convicted ☐
Received a Criminal Citation ☐ Received a Civil Citation ☐ If checked, explain in detail below
giving date, reason, agency and disposition. _____

Are You Currently:

Charged with a criminal/civil offense by any police/law enforcement authority? Yes ☐ No ☐
On bail or out on personal recognizance or other conditional release for any reason? Yes ☐ No ☐
On probation or parole of any type? Yes ☐ No ☐ If yes, on any of the above, provide full
details _____

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes ☐ No ☐
If yes, explain in detail. _____

Have you ever assaulted anyone (i.e. fights, domestic violence etc.)?
Yes ☐ No ☐ If yes, explain. _____

Have you ever been issued/served with any of the following? Yes ☐ No ☐
Check all that are applicable: Ex Parte Order ☐ Bench Warrant ☐ Arrest Warrant ☐
District Court Criminal Summons ☐ Court Papers for any type of court appearance ☐
If checked, explain in detail below providing the date, reason, agency and disposition. _____

Have you ever been convicted of a criminal offense, to include petty offense citations? Yes ☐ No ☐
If yes, provide all details giving dates, location, arresting agency, court disposition, etc. _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S CRIMINAL HISTORY

Place a check beside the CRIMES/OFFENSES listed below if you have ever committed or participated in OR CONSPIRED TO COMMIT any of the LISTED crimes (whether or not you were arrested, charged or detained). If you check any of the below, please explain in detail on reverse side of page.

Alcohol Violation(s)	<input type="checkbox"/>	Fraud/Bad Checks	<input type="checkbox"/>
Arson/Setting Fires	<input type="checkbox"/>	Gambling/Betting	<input type="checkbox"/>
Assault/Verbal/Physical	<input type="checkbox"/>	Harassment/Threats	<input type="checkbox"/>
Auto Theft	<input type="checkbox"/>	Hunting/Fishing Violations	<input type="checkbox"/>
Battery/Fights	<input type="checkbox"/>	Impersonating a Police Officer	<input type="checkbox"/>
Bomb Threats	<input type="checkbox"/>	Indecent Exposure/Mooning	<input type="checkbox"/>
Burglary/Housebreaking	<input type="checkbox"/>	Pedophilia	<input type="checkbox"/>
Child Abuse/Molestation	<input type="checkbox"/>	Peeping Tom/ Voyeurism	<input type="checkbox"/>
Computer Related Crimes	<input type="checkbox"/>	Perjury	<input type="checkbox"/>
Concealed Weapons	<input type="checkbox"/>	Prescription Drugs- Illegal Use	<input type="checkbox"/>
Domestic Violence/Abuse	<input type="checkbox"/>	Prostitution/Solicit a Prostitute	<input type="checkbox"/>
Drugs (CDS) Use/Try	<input type="checkbox"/>	Rape/Date Rape/Sexual Assault	<input type="checkbox"/>
Possession	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Sale	<input type="checkbox"/>	Stalking	<input type="checkbox"/>
Elder/Adult Abuse	<input type="checkbox"/>	Telephone Misuse/Threats	<input type="checkbox"/>
Embezzlement	<input type="checkbox"/>	Thefts/Larceny	<input type="checkbox"/>
Extortion	<input type="checkbox"/>	Trespassing	<input type="checkbox"/>
False Alarms/Fire/Bomb	<input type="checkbox"/>	Unauthorized use of a Vehicle	<input type="checkbox"/>
Forgery/Credit Cards	<input type="checkbox"/>	Vandalism/Tagging	<input type="checkbox"/>

If you answer yes to any of the below questions, please explain in detail on the reverse side of page.

HAVE YOU EVER:

- | | |
|---|--|
| 1. Lied or committed perjury in court or other judicial proceeding? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Lied to anyone of authority? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Entered any building, business, dwelling, or house without permission? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Intentionally injured anyone as a result of a fight? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Entered a house of prostitution for any reason? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Cheated a restaurant or food establishment by walking out on a check? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Helped anyone steal anything? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Falsified or lied on an employment application? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

APPLICANT'S CRIMINAL HISTORY

HAVE YOU EVER:

9. Provided anyone a discount at your place of employment without permission? Yes [] No []
10. Conspired with anyone to commit an illegal act or crime of any kind? Yes [] No []
11. Given anything to anyone that was not yours to give away? Yes [] No []
12. Been accused of or arrested for domestic violence/spousal abuse/elder abuse? Yes [] No []
13. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? Yes [] No []
14. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? Yes [] No []
15. Used a weapon of any kind during a fight/altercation? Yes [] No []
16. Been placed on parole or probation for any reason? Yes [] No []
17. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from this or any other police agency? Yes [] No []
18. Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? Yes [] No []
19. Allowed your car to be used in the commission of a crime? Yes [] No []
20. Knowingly committed a weapons violation of any kind (Includes illegal possession, wearing, carrying, transporting, selling, purchasing, or modifying)? Yes [] No []
21. Been a member of a street/motorcycle gang or crew? Yes [] No []
22. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? Yes [] No []
23. Committed a crime for which you were not caught or arrested (which is not listed elsewhere in this booklet)? Yes [] No []
24. Been an officer or member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? Yes [] No []
25. Knowingly engaged in any acts or activities designed to overthrow the United States Government by force? Yes [] No []
26. Been a member of any organization and/or adhere to any belief which would in any way:
- A. Limit or prohibit your use of weapons or firearms? Yes [] No []
- B. Restrict or prohibit you from working on particular days or hours? Yes [] No []
- C. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set? Yes [] No []
27. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)? Yes [] No []

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

APPLICANT'S CRIMINAL HISTORY
HAVE YOU EVER:

28. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)? Yes [] No []
29. Been involved in or attended any school, camp, class, or forum, sponsored by any subversive organization(s)? Yes [] No []
30. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation or any type of bomb or other incendiary device? Yes [] No []
31. Knowingly filed a false/fraudulent insurance claim with any Insurance Company regarding a traffic accident, theft, or other monetary or property loss Yes [] No []
32. Been sexually aroused by a child/minor? Yes [] No []
33. Have you ever committed a sex act with an animal? Yes [] No []
34. Been subjected to forfeiture of collateral in connection with an arrest? Yes [] No []
35. Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes [] No []
36. Been a victim or complainant in any crime or incident? Yes [] No []
37. Been found to be delinquent on income or other tax payments? Yes [] No []
38. Been bonded or refused bond upon application? Yes [] No []
39. Been issued or denied a permit or license to carry a handgun or other weapon on your person? Yes [] No []
40. Been involved in any college/fraternity hazing/initiation incident/ritual/program? Yes [] No []

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY

Have you ever used, ingested, experimented, tasted and/or possessed any narcotics/controlled dangerous substances (CDS) not prescribed by a physician? Yes [] No [] If yes, explain in detail supplying reason, dates, location, method of use, etc. _____

Have you ever associated with, or are related to, or had/have an ongoing friendship/personal relationship with anyone you suspect or knew was/is a seller/distributor of narcotics/controlled dangerous substances? Yes [] No [] If yes, explain. _____

Have you ever been present when illegal drugs/narcotics/C.D.S. were either used, sold, possessed or delivered? Yes [] No [] If yes, explain in detail supplying reason, dates, location, method of use, etc. _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

APPLICANT'S DRUG EXPERIMENTATION AND HISTORY

Have you ever smoked/experimented/tasted/ingested/used/injected/ SNIFFED, etc. ANY OF THE FOLLOWING: (date column must include month and year)

SUBSTANCE (circle as applicable)	YES	NO	Number of uses before 21st birthday	Number of uses after 21st birthday	Date of last use
Marijuana / Hashish					
Cocaine/Powder					
Cocaine / Crack					
Opium Derivative (Heroin, morphine, codeine, etc)					
Amphetamines, Speed, Methamphetamines, Meth, Crystal Meth, Ice, Adderall, Ritalin					
Barbiturates / Reds/Downers					
Inhalants (Glue, solvents, aerosols, whippit, etc.)					
Anabolic Steroids					
Hallucinogenics (LSD, PCP, mushrooms, ecstasy)					
Quaaludes, Valium, Darvocet, Dilaudid, Percocet					
GHB (gamma-hydroxybutyrate) HGH (human growth hormone)					
Any other drug/narcotic not specifically listed above					
Have you ever bought/purchased any of the above listed substances or any over-the-counter medication, other than directed, for illegal or recreational use?					
Have you ever bought/purchased any of the above listed substances?					

Investigator _____

Date _____

Applicant _____

Use reverse side of page for additional data, if needed

DRUG INVOLVEMENT

YES / NO

Have you ever been arrested or charged with any type of drug/narcotic related violation?		
Have you ever illegally used/obtained prescription medication or drugs?		
Have you ever used prescription medication prescribed to another person?		
Have you ever sold or distributed any type of illegal drug/narcotic?		
Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotic for yourself or anyone else?		
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?		
Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this booklet?		

If you answered "yes" to any of the above questions, you are required to provide a full explanation on this page or reverse side of this page (include dates).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

GAMBLING RELATED ACTIVITIES

Do you gamble? Never [] Seldom [] Occasionally [] Regularly []

If so, on what: _____

Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with a bookmaker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event? Yes [] No [] If yes, provide all details. _____

Have you ever placed a wager/bet over the internet? Yes [] No [] If yes, explain giving all details. _____

Have you ever been "paid off" while or after playing any illegal slot machine or video games? Yes [] No [] If yes, explain giving all details. _____

Have you ever worked for a bookie? Yes [] No [] If yes, explain giving all details. _____

Do you currently have any outstanding gambling debts? Yes [] No [] If yes, provide all details. _____

Have you ever borrowed money to gamble? Yes [] No [] If yes, explain giving all details. _____

Have you ever used an employer's money to gamble? Yes [] No [] If yes, explain giving all details. _____

Have you ever stolen money with which to gamble? Yes [] No [] If yes, explain giving all details. _____

ALCOHOL RELATED ACTIVITIES

Have you ever been arrested/charged for committing any alcohol related violations? Yes [] No [] If yes, explain, giving all details. _____

Have you ever been issued a civil/criminal citation for any type of alcohol related violation? Yes [] No [] If yes, explain: _____

Investigator

Date

Applicant

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CHARACTER REFERENCES

PROVIDE THE NAMES AND ADDRESSES OF three (3) character references (not related to you by blood or marriage) AND ARE NOT LISTED ELSEWHERE IN THIS BOOKLET:

1. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____

PROVIDE THE NAMES AND ADDRESSES OF THREE (3) PERSONAL FRIENDS WHO ARE NOT LISTED ELSEWHERE IN THIS BOOKLET:

1. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

NEIGHBORHOOD REFERENCES

PROVIDE NAMES AND ADDRESSES OF three (3) people who reside in your neighborhood, and who have not been listed elsewhere in this booklet.

1. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
2. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
3. Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____

CURRENT ROOMMATES/LANDLORD

(IF YOU DO NOT CURRENTLY LIVE WITH ANYONE, LIST ANY ROOMMATES/LANDLORDS WHICH YOU HAVE HAD IN THE PAST THREE (3) YEARS. THIS DOES NOT INCLUDE FAMILY MEMBERS)

1. Roommate/Landlord's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
2. Roommates/Landlord's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____
3. Roommate/Landlord's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Occupation: _____
Length of time known: _____

Investigator

Date

Applicant

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POLICE / PUBLIC SAFETY/ SECURITY EXPERIENCE

Do you have experience as a sworn police/law enforcement officer? Yes [] No [] If yes, explain to include agency(s), position, length of service, and complete Part II of this booklet. _____

Do you have experience in private security? Yes [] No [] If yes, provide agency(s), dates, and position: _____

Do you have experience as an intern, volunteer, cadet, or explorer with this agency, or any other police/law enforcement/public safety agency? Yes [] No [] If yes, provide agency, dates, and position: _____

Do you have experience as a member, paid or volunteer, of any fire department or rescue squad? Yes [] No [] If yes, provide agency, dates, and position: _____

POLICE / PUBLIC SAFETY EXPERIENCE

Do you personally know any Montgomery County Deputy Sheriff's/Police Officers? Yes [] No [] If yes, list names below and duty station if known, and length of time you have known them. _____

Do you have any family members/relatives who are current or past members of a law enforcement agency? Yes [] No [] If yes, please list name, relationship and their department/agency.

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Agency: _____

Title: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Agency: _____

Title: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

POLICE / PUBLIC SAFETY EXPERIENCE

HAVE YOU EVER:

Applied for a position with any Federal, State, or Local Law Enforcement Agency or any Fire Department? Yes [] No [] If yes, list on reverse page.

Applied for any position with the Federal Government for which a background investigation was initiated? Yes [] No [] If yes, list on reverse page.

Been denied employment by an organization covered in the questions above? Yes [] No []
If yes, list on reverse page and fully explain the reason for denial.

Applied for a deputy sheriff position with this department prior to your current application?
Yes [] No [] If yes, list year _____

Do you have any concerns about participating in a polygraph examination with this agency?
Yes [] No []

Have you ever been polygraphed, participated in a C.V.S.A. exam or other truth verification device in the course of employment or while seeking employment? Yes [] No [] If yes, list agency(s)?____

Have you ever failed a polygraph, C.V.S.A. examination or other truth verification device?
Yes [] No [] If yes, explain the failure if you were so advised, and list the area(s) of deception or concern and by which agency(s)._____

Have you ever been granted a security clearance by the United States Government? Yes [] No []
If yes, by which agency(s) and at what level?_____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

POLICE / PUBLIC SAFETY EMPLOYMENT APPLICATIONS

List **ALL** police/law enforcement agencies/fire departments below with whom you have **ever** applied. List the steps you have completed with each agency (written test, oral interview, polygraph, background completed, physical agility, medical, psychological, etc.), also list final status. If you have applied to the same agency more than once, list each time separately.

Department(s)	Date(s) Applied	Steps Taken	Investigators	Phone Numbers	Status

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

What computer skills and experience do you possess? List type of hardware and software application(s) and general competency level of each: _____

List any special skills/training, such as operation of machines or special equipment that you possess: _____

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc.: (please provide a photocopy of all license[s] or certificate[s]) _____

Are you currently Maryland police training commissioned certified? Yes [☐] No [☐]

If yes, certificate # _____ Expiration date: _____

Please provide a photocopy of the certification card.

Do you have a Special Police Officer (S.P.O.) commission issued by the State of Maryland?

Yes [☐] No [☐] If yes, permit # _____ Expiration Date: _____

Please provide a photocopy of the permit.

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed

SPECIAL SKILLS/TRAINING/CERTIFICATIONS

(Provide copies of certificates if issued)

Do you have skills or training in the following areas?

SKILL / TRAINING	NO	YES	SPECIFY COURSE/CERTIFICATION
EMT / PARAMEDIC			
EMERGENCY DRIVING			
FIREARMS TRAINING			
COUNSELING / CRISIS INTERVENTION			
LEGAL / PARALEGAL			
LEADERSHIP COURSE(S)			
MARTIAL ARTS			
OTHER (SPECIFY):			

MISCELLANEOUS

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM:

Taking an oath of office, with or without an affirmation in Supreme Being? Yes [] No [] If yes, explain: _____

Supporting and defending the Constitution of the United States and the State of Maryland?

Yes [] No [] If yes, explain: _____

Taking of a life in pursuit/line of duty? Yes [] No [] If yes, explain: _____

Is there anything in your past that we have not asked, which, if ascertained at a later date, may prove to be embarrassing to you and/or this Office, if you were employed by this agency? Yes [] No [] If yes, explain in detail: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

MISCELLANEOUS

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone

you know? Yes [] No [] If yes, explain: _____

If you are employed as a deputy sheriff by this agency, how long do you anticipate remaining with us? _____

List all professional and/or civic organizations that you currently are, or were previously a member.

List all of your current non-employment related interests and hobbies.

If employed as a deputy sheriff with this agency, what career goals do you have?

List all of your current and past volunteer/community service/community oriented activities. _____

Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential questionnaire booklet? Yes [] No [] If yes, please explain: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

PART II

***THE FOLLOWING SECTION IS TO BE
COMPLETED BY APPLICANTS WHO ARE NOW,
OR HAVE BEEN,
SWORN LAW ENFORCEMENT OFFICERS***

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

CURRENT AND FORMER POLICE OFFICERS

List all Police/Law Enforcement Agency(s) you are currently or were previously employed by?

What are/were your date(s) of employment? From: ____/____/____ To: ____/____/____

Have you ever been disciplined (verbally or written) by any Police/Law Enforcement Agency(s)?

Yes [] No [] If yes explain. _____

Have you been the subject of any internal investigations? Yes [] No [] If yes, explain in full all circumstances. _____

Disposition: _____

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical? Yes [] No [] If yes, explain in full all circumstances. _____

Have you been subject to any departmental disciplinary actions? Yes [] No [] If yes, explain in full all circumstances. _____

Have you been involved in any traffic accidents while operating departmental or government vehicles? Yes [] No [] If so how many? _____ What was the disposition of each? _____

What assignments, special training and skills have you had as a police officer, and how long have the assignments lasted (skills: radar, F.T.O, etc)? _____

How have you been rated on your evaluations? Excellent [] Above Satisfactory []
Satisfactory [] Below Satisfactory []
Unsatisfactory []

Explain any evaluations of which you received less than satisfactory. (Please provide copies of performance evaluations for the past two years) _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

CURRENT AND FORMER POLICE OFFICERS

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit?

Yes [] No [] If yes, explain in full all circumstances: _____

Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes [] No [] If yes, explain in full all circumstances: _____

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes [] No [] If yes, explain in full, all circumstances. _____

Have you ever been charged or investigated for the use of excessive use of force or police brutality? Yes [] No [] If yes, explain in detail giving dates, location, type of call, investigator, and disposition. _____

Please explain the reasons why you want to leave your current, or why you left your previous law enforcement/police employer. _____

Have you been investigated by your current/past agency for an allegation of domestic violence/spousal abuse? Yes [] No [] If yes, explain in full, all circumstances: _____

Investigator

Date

Applicant

Use reverse side of page for additional data, if needed.

